

SCORE! Emergency Card for 2024-2025

Student

Information Last Name _____ First Name _____ Middle Name _____
Date of birth (M/D/Y) _____ School _____ Grade _____

Residence

Street Address _____ Apt. Number _____
(Including Number and Drive/Street/Avenue/Blvd)
City _____ State _____ Zip _____
(_____) _____
Phone Number _____ *E-mail Address* _____

Does this student have any physical conditions requiring special accommodations? YES NO
If yes, please specify.

Any Medical Concerns? Please List _____ Any Food Allergies? Please List _____

Parent/Guardian

Information

Last Name First Name Relationship to Student

What is the best way to reach parent/guardian in the event of an emergency?

Employer Name or Daytime Location

Street Address
(Including Number and Drive/Street/Avenue/Blvd.) _____
E-mail Address _____

City State Zip

Home Phone _____ Mobile Phone _____

If parent/guardian is not available, who should we contact in case of emergency?

Emergency

Contact _____
Information Last Name First Name Relationship to Student

Street Address
(Including Number and Drive/Street/Avenue/Blvd.) _____

City State Zip

Home Phone _____ Mobile Phone _____